

## Medco Prescription Drug Coverage information for SHBP/SEHBP members

The medications listed in the first column below will only be covered by your plan if you get prior approval through a coverage review. If you fill a prescription for one of the medications in the first column without getting prior approval, you'll be responsible for the drug's entire cost.

In the third column are medications that can treat the same condition as those in the first column and are preferred by your plan. You can fill prescriptions for these medications without a coverage review. Ask your doctor whether one of the preferred alternatives would be right for you.

Medication that requires you to get a coverage review	Category	Preferred medications you can get WITHOUT a coverage review
<i>Aciphex</i>	Gastrointestinal (proton pump inhibitors)	omeprazole, <i>Nexium</i>
<i>Actonel</i> <i>Actonel with Calcium</i>	Osteoporosis (bisphosphonates)	alendronate, <i>Boniva</i>
<i>Ambien CR</i>	Sleep medications (hypnotics)	Generic drugs, including zolpidem
<i>Amerge</i>	Migraines (triptans)	sumatriptan, <i>Maxalt</i> , <i>Maxalt MLT</i> , <i>Relpax</i>
<i>Atacand</i> <i>Atacand HCT</i> <i>Avapro</i> <i>Avalide</i>	High blood pressure/hypertension (ARBs)	<i>Cozaar</i> , <i>Diovan</i> , <i>Diovan HCT</i> , <i>Hyzaar</i> , <i>Micardis</i> , <i>Micardis HCT</i>
<i>Axert</i>	Migraines (triptans)	sumatriptan, <i>Maxalt</i> , <i>Maxalt MLT</i> , <i>Relpax</i>
<i>Beconase AQ</i>	Allergy (intranasal steroids)	flunisolide, fluticasone, <i>Nasonex</i>
<i>Benicar</i> <i>Benicar HCT</i>	High blood pressure/hypertension (ARBs)	<i>Cozaar</i> , <i>Diovan</i> , <i>Diovan HCT</i> , <i>Hyzaar</i> , <i>Micardis</i> , <i>Micardis HCT</i>
<i>Edluar</i>	Sleep medications (hypnotics)	Generic drugs, including zolpidem
<i>Fosamax D</i>	Osteoporosis (bisphosphonates)	alendronate, <i>Boniva</i>
<i>Frova</i>	Migraines (triptans)	sumatriptan, <i>Maxalt</i> , <i>Maxalt MLT</i> , <i>Relpax</i>
<i>Kapidex</i>	Gastrointestinal (proton pump inhibitors)	omeprazole, <i>Nexium</i>
<i>lansoprazole</i>	Gastrointestinal (proton pump inhibitors)	omeprazole, <i>Nexium</i>
<i>Lexapro*</i> <i>Luvox CR*</i>	Depression (SSRIs)	citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
<i>Lunesta</i>	Sleep medications (hypnotics)	Generic drugs, including zolpidem
<i>Nasacort AQ</i> <i>Omnaris</i>	Allergy (intranasal steroids)	flunisolide, fluticasone, <i>Nasonex</i>
<i>pantoprazole</i> <i>Prevacid</i> <i>Prilosec Oral Suspension</i> <i>Protonix</i>	Gastrointestinal (proton pump inhibitors)	omeprazole, <i>Nexium</i>

<i>Rhinocort Aqua</i>	Allergy (intranasal steroids)	flunisolide, fluticasone, <i>Nasonex</i>
<i>Rozerem</i>	Sleep medications (hypnotics)	Generic drugs, including zolpidem
<i>Teveten</i> <i>Teveten HCT</i>	High blood pressure/hypertension (ARBs)	<i>Cozaar, Diovan, Diovan HCT, Hyzaar, Micardis, Micardis HCT</i>
<i>Treximet</i>	Migraines (triptans)	sumatriptan, <i>Maxalt, Maxalt MLT, Relpax</i>
<i>Veramyst</i>	Allergy (intranasal steroids)	flunisolide, fluticasone, <i>Nasonex</i>
<i>Zegerid</i>	Gastrointestinal (proton pump inhibitors)	omeprazole, <i>Nexium</i>
<i>Zomig</i> <i>Zomig ZMT</i>	Migraines (triptans)	sumatriptan, <i>Maxalt, Maxalt MLT, Relpax</i>

\*Prior approval through a coverage review is required only for members who receive a prescription for this medication for the first time. No coverage review is required for members who currently use this medication under their plan. (New SHBP/SEHBP plan members should have their doctor call if they are currently using this medication.)

If your doctor believes that you should use a medication that is *not* preferred, you or your doctor can request a review for coverage. Your doctor can call toll-free 1-800-417-1764, 8:00 a.m. to 9:00 p.m., Eastern Time, Monday through Friday **after you receive your Medco ID cards.**

If you have any questions, please visit the Medco website at [www.Medco.com/statenj](http://www.Medco.com/statenj) or call Medco Member Services at 1-866-220-6512 **after you receive your Medco ID cards.**

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### **SPECIALTY PHARMACEUTICAL PROVIDER**

Specialty pharmaceuticals are provided through Accredo (Medco's specialty pharmacy), which is the exclusive provider for specialty pharmaceuticals. Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis.

If your doctor has prescribed a specialty pharmaceutical, you will not be able to fill the prescription at a retail pharmacy. Instead, you should contact Accredo at 1-800-501-7260 **after you receive your Medco ID card.** When calling, identify yourself as a SHBP or SEHBP member. Accredo will contact your doctor for the prescription and will work with you to arrange a convenient delivery location and date. Your medication will be shipped directly to your home, office, or doctor's office, via United Parcel Service (UPS). Your mail order service copayment will apply for all specialty prescriptions, keep in mind some medications will not or cannot be dispensed in a 90 day supply.